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FAX COVER SHEET

TO: MAIL STOP PAT. EXT. USPTO

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FROM:	<u>Cline H. White for W. Bradley Barnes</u>	DATE:	<u>September 2, 2004</u>
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TOTAL NO. OF PAGES:	<u>4</u>	CLIENT/MATTER:	<u>80191.00032</u>

COMMENTS

UNITED STATES PATENT APPLICATION, SERIAL NO.: 09/758,381
ENTITLED: FINGERTIP DEVICE FOR REPUTURING AMNIOTIC MEMBRANES
OUR REFERENCE NO.: 80191.00032

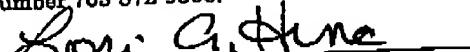
Please find enclosed:

1. Request for Reconsideration of Patent Term Adjustment (2 Sheets); and
2. Credit Card Payment Form (1 sheet).

Certificate of Facsimile

I hereby certify that this paper and all documents indicated as being attached are being transmitted by facsimile on the date indicated below to the Mail Stop Pat. Ext., Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, at fax telephone number 703-872-9306.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NO. 09/758,381

§ **ATTY DOCKET NO. 80191.00032**

§

§

§

INVENTOR: Richard L. Watson

§ **EXAMINER: Alissa L. Hoey**

§

§

**TITLE: FINGERTIP DEVICE FOR
RUPTURING AMNIOTIC MEMBRANES**

§ **GROUP ART UNIT: 3765**

§

§

FILING DATE: 01/10/2001

Mail Stop
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION OF PATENT TERM ADJUSTMENT

Dear Sir or Madam:

Pursuant to 37 CFR §1.705(b), Applicant hereby timely files this Request For Reconsideration Of Patent Term Adjustment concurrently with its payment of the issue fee.

Statement of Facts

Filed: 1/10/01

+ 14 months: 3/10/02

1st OA: 8/14/02

> +157 days

3 Mos.: 11/14/02

Response filed: 2/14/02

> - 92 days

2nd OA: 4/1/03

3 Mos.: 7/1/03

Response filed: 7/1/03

> +/- 0 days

3rd OA: 9/12/03

3 Mos.: 12/12/03

Response filed: 10/13/03

> +/- 0 days

4th OA: 12/5/03

3 Mos.: 3/5/04

Response filed: 3/5/04

> +/- 0 days

87044.1

+3 years: 1/10/04

filing date of Request: 9/2/04 >

+272 days

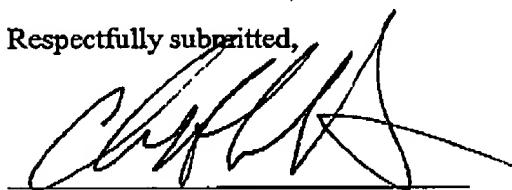
Total adjustment to date:

+337 days

No terminal disclaimer has been filed in regard to this application patent. There were no circumstances constituting a failure to engage in reasonable efforts to conclude processing or examination of such application as set forth in § 1.704

Enclosed is a credit card payment form to cover the fee as required by §1.18(e). If for any reason the required fee is not chargeable to the referenced credit card, the Commissioner is hereby authorized to charge any such fee to Deposit Account No. 502248.

Respectfully submitted,



Cline H. White

Reg. No. 45,213

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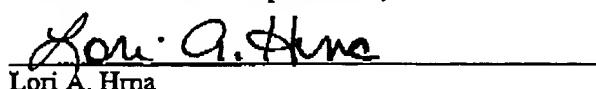
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